

## PART B - FEE(S) TRANSMITTAL

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LANXESS CORPORATION  
PATENT DEPARTMENT/BLDG 14  
100 BAYER ROAD  
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Diderico van Eij	(Depositor's name)
<i>Diderico van Eij</i>	(Signature)
May 3, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/999,131	08/24/2001	Thomas Klein	Mo-6454/LB 34,826	2997

## TITLE OF INVENTION:

POLYASPARTIC ACID CONCENTRATION DETERMINATION BY FLUOROMETRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Utility	No	1,400.00	300.00	1,700.00	6/2/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SIEFFKE, SAMUEL P	1743				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Diderico van Eij Reg. No. 38,641
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		2 3

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

*90 States*

BAYER AKTIENGESELLSCHAFT  
Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2027 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Diderico van Eij* Date May 3, 2005  
Typed or printed name Diderico van Eij Registration No. 38,641

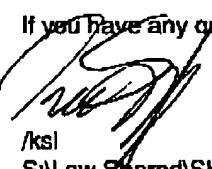
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**LANXESS Corporation****Fax Coversheet****Date:** May 3, 2005**Number of pages (including this page)** 3**To:** ISSUE FEE**From:** Diderico van Eyl**Company:** USPTO**Div/Dept.:** Law/Intellectual Property**Fax:** 703-746-4000**Fax:** 412-809-1054**Phone:****Phone:** 412-809-2231**ATTORNEY DOCKET:****APPLICATION OF:** Thomas Klein et al**GROUP NO.:** 1743**SERIAL NUMBER:** 09/939,131**FILED:** August 24, 2001

Please find a copy of an ISSUE FEE TRANSMITTAL, CHANGE OF CORRESPONDENCE ADDRESS and fee of \$1700.00

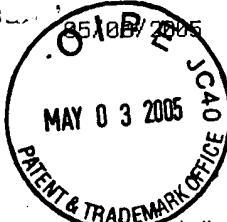
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PTO/SB/122 (04-05)

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## CHANGE OF CORRESPONDENCE ADDRESS

**Application**

Address to:  
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Application Number	09/939,131
Filing Date	08/24/2001
First Named Inventor	Thomas Klein
Art Unit	1743
Examiner Name	Samuel P. Siefke
Attorney Docket Number	Mo-6454/LcA 34,826

Please change the Correspondence Address for the above-identified patent application to:

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I am the:

Applicant/Inventor  
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 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 Attorney or agent of record. Registration Number 38641.  
 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_.

Signature

Typed or Printed  
Name

Diderico van Es

Date May 3, 2005Telephone (412) 809-2231

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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Day : Wednesday

Date: 5/18/2005

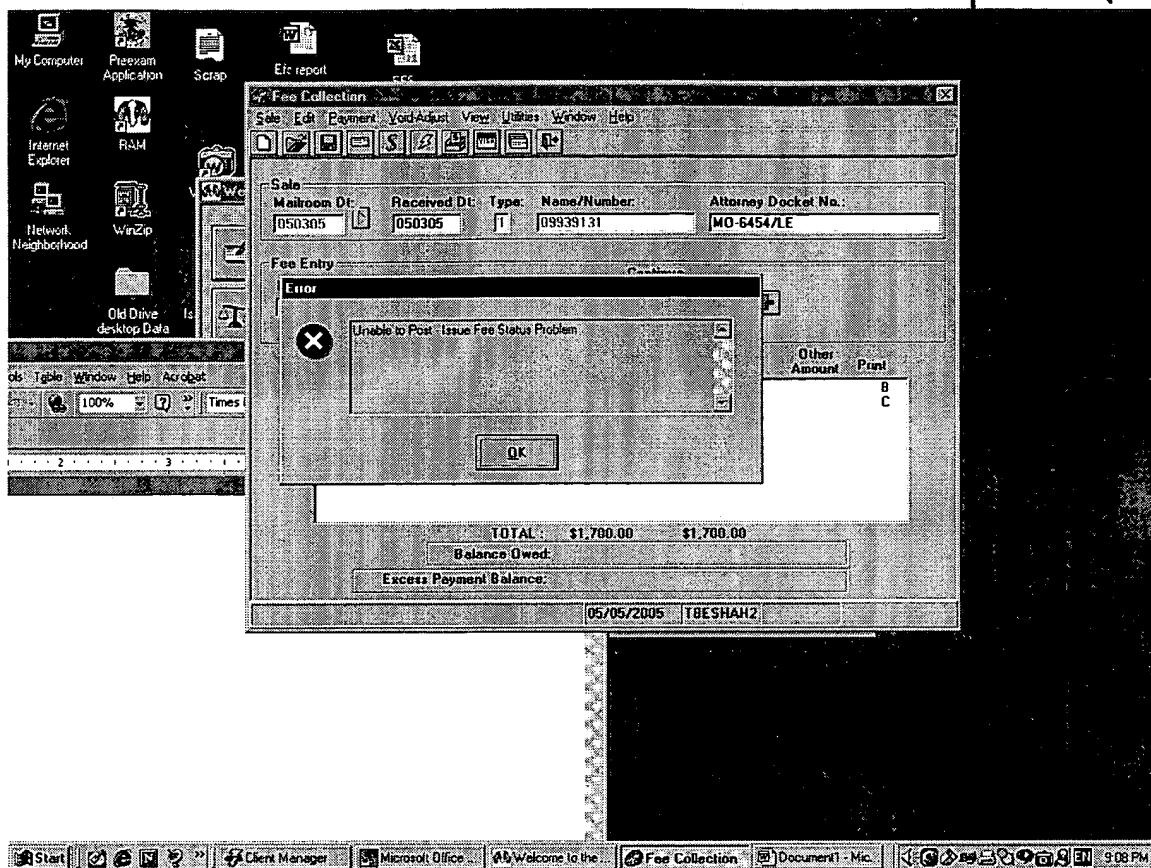
Time: 15:19:47

**PALM INTRANET****Content Information for 09/939131**Search Another: Application#   or Patent#  PCT /  /   or PG PUBS #  Attorney Docket #  Bar Code #  

Appln Info	Contents	Petition Info	Atty/Agent Info	Continuity Data	Foreign Data
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Date	Status	Code	Description
03/30/2005	90	N/=.	NOTICE OF ALLOWANCE DATA VERIFICATION COMPLET
03/02/2005		MEX.A	MAIL EXAMINER'S AMENDMENT
02/23/2005		IREV	ISSUE REVISION COMPLETED
02/19/2002		RCAP	REFERENCE CAPTURE ON IDS
08/24/2001		RQPR	REQUEST FOR FOREIGN PRIORITY (PRIORITY PAPERS MA
02/22/2005		EX.A	EXAMINER'S AMENDMENT COMMUNICATION
02/22/2005	89	CNTA	NOTICE OF ALLOWABILITY
01/10/2005		FWDX	DATE FORWARDED TO EXAMINER
12/27/2004		AMSB	AMENDMENT SUBMITTED/ENTERED WITH FILING OF CP/
01/10/2005		FWDX	DATE FORWARDED TO EXAMINER
12/27/2004	71	RCEX	REQUEST FOR CONTINUED EXAMINATION (RCE)
01/10/2005		ABN9	DISPOSAL FOR A RCE/CPA/129 (EXPRESS ABANDONMENT
12/27/2004		XT/G	REQUEST FOR EXTENSION OF TIME - GRANTED
12/27/2004		BRCE	WORKFLOW - REQUEST FOR RCE - BEGIN
	61	MCTFR	MAIL FINAL REJECTION (PTOL - 326)

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